

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME - FIRST NAME - MIDDLE NAME:

NAME OF AGENCY:

BOB RACKLEFF

COUNTY COMMISSIONER, DISTRICT

LEON COUNTY COURTHOUSE

301 SOUTH MONROE STREET

TALLAHASSEE, FL 32301-0000

☐ OFFICER☐ CANDIDATE☐ OTHER

POSITION:

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
OTHER FORMS you may need to file are described on page 6.

NOTICE Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.

PART A - NET WORTH

Please enter the value of your net worth as of December 31 1999, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.1]

My net worth as of December 31, 19 99 or 20 was \$ 509,500

PART B- ASSETS WORTH MORE THAN \$1,000**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collection's of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 120,400

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
See Attachment Sheet	455,300

PART C- LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SunTrust Mortgage Co., Richmond VA (home mortgage)	39,500
SunTrust Bank, Tallahassee FL (home equity line of credit)	26,700

PART D - INCOME

You may *EITHER* (1) file a complete copy of your 1999 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D on page 2 of this form.

☐ I elect to file a copy of my 1999 federal income tax return. [If you check this box and attach a copy of your 1999 tax return, you need not complete the remainder of Part D.]

(Part D, Continued)

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Leon County Commissioner salary	Tallahassee FL	57,400
Speechwriting and Consulting	See Attachment Sheet	77,500

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attachment Sheet			

PART E - INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses--see instructions]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

OATH

STATE OF FLORIDA
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me this 10th

day of June, 2000 by Bob Rackleff

Jean C. McCarter
(Signature of Notary Public - State of Florida)

Jean C. McCarter

Notary Public for the State of Florida
My Commission Expires March 9, 2002

NOTARY PUBLIC INSURANCE, INC.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

Bob Rackleff
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS

WHERE TO FILE: office-holders file with the Department of State Room 1802, The Capitol, Tallahassee, Florida 32399-0250. candidates file with the officer before whom they qualify.

WHEN TO FILE: officeholders must file no later than July 1, 2000.

Candidates must file prior to or at the time they qualify.

FORM 10

ANNUAL DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES AND DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM EVENT RELATED EXPENSES

LAST NAME - FIRST NAME - MIDDLE NAME:

Rackleff, Bob

THIS STATEMENT REFLECTS GIFTS AND HONORARIUM
EVENT RELATED EXPENSES RECEIVED DURING 1999.
YOU NEED NOT FILE THIS FORM IF YOU HAVE
NOTHING TO REPORT ON IT.

MAILING ADDRESS:

Leon County Courthouse

NAME OF AGENCY:

Leon County

CITY:

Tallahassee

ZIP:

32301

COUNTY:

Leon

OFFICE OR POSITION HELD:

county Commissioner

NOTICE: Under provisions of Sec. 112.317, Fla. Stat., a failure to make any required disclosure constitutes grounds for and may be punished by one of more of the following: impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a fine up to \$10,000.

PART A - GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES

NAME OF PERSON PROVIDING GIFT(S) IN 1999	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
None			

PART B- GIFTS FROM DIRECT SUPPORT ORGANIZATIONS

NAME OF PERSON PROVIDING GIFT(S) IN 1999	TOTAL VALUE OF GIFTS FROM THAT PERSON	DESCRIPTION OF INDIVIDUAL GIFTS	DATE EACH GIFT RECEIVED
None			

PART C- HONORARIUM EVENT RELATED EXPENSES

	EVENT # 1	EVENT # 2	INSTRUCTIONS on who must file this form and how to fill it out are on the reverse side. FILING INSTRUCTIONS for when and where to file this form are located on the reverse side.
NAME OF PERSON PAYING EXPENSES	None		
ADDRESS OF PERSON			
AFFILIATION OF PERSON			
AMOUNT OF HONORARIUM EXPENSES			
DATE(S) OF THE EVENT			
DESCRIPTION OF EXPENSES PAID ON EACH DAY			
TOTAL VALUE OF EXPENSES FOR THE EVENT			

((Continued on reverse side))

REMEMBER TO ATTACH COPIES OF ALL STATEMENTS PROVIDED TO YOU BY PERSONS AND ENTITIES PROVIDING OR PAYING FOR THE GIFTS AND HONORARIUM EVENT RELATED EXPENSES DISCLOSED ON THIS FORM. YOU MUST DISCLOSE ALL OF THESE KINDS OF GIFTS AND EXPENSES EVEN THOUGH YOU DID NOT RECEIVE A STATEMENT OR REPORT FROM THE PERSON OR ENTITY PROVIDING THEM. YOU MAY EXPLAIN ANY DIFFERENCES BETWEEN THE ATTACHED REPORTS AND STATEMENTS AND THE INFORMATION PROVIDED ON THIS FORM BY ATTACHING AN EXPLANATION TO THE FORM

SIGNATURE:

[Handwritten Signature]

DATE SIGNED:

June 16, 2008

INSTRUCTIONS FOR COMPLETING AND FILING FORM 10:

WHEN AND WHERE TO FILE: By July 1, 2000. Persons who file Form 1 or Form 6 should file this form with their Form 1 or Form 6. State procurement employees (see definition below) file this form with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. This form need not be filed unless a reportable gift or expense was received during the time you held public office or employment.

WHO MUST FILE FORM 10- All persons who are required to file Form 1, Statement of Financial Interests, and all persons who file Form 6, Full and Public Disclosure of Financial Interests, *except judges* (comprehensive lists are part of each of those forms). In addition, state "procurement employees" are required to file Form 10. You are a procurement employee if you:

(1) Are an employee of an office, department, board, commission, or council of the executive or judicial branches of state government;

(2) Participate in the procurement of contractual services or commodities costing more than \$1,000 in any year;

(3) Through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influence the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

INTRODUCTORY INFORMATION (At the Top of the Form):

NAME OF AGENCY: This should be the name of the governmental unit which you serve or served, or by which you are or were employed. For example, "City of Tallahassee," "Florida Senate," or "Department of Transportation."

OFFICE OR POSITION HELD: Use the title of the office or position you hold or held

during 1999 (in some cases you may not hold that position now, but you still would be required to file to disclose your interests during the last year you held that position). For example, "City Council Member," "Member," "Purchasing Agent," or "Bureau Chief."

ADDRESS OF REPORTING INDIVIDUALS: The following persons should not use their home addresses: active or former law enforcement personnel, including correctional and correctional, probation officers; current or former state attorneys, assistant state attorneys, statewide prosecutors, assistant statewide prosecutors; firefighters; personnel of D.H.R.S. whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities; spouses of the above; county and municipal code inspectors and code enforcement officers; and Department of Revenue or local government personnel responsible for revenue collection and enforcement or child-support enforcement.

PART A - GIFTS FROM GOVERNMENTAL ENTITIES [Required by Sec. 112.3148, Fla. Stat.]

Entities of the legislative or judicial branches, departments and commissions of the executive branch, counties, municipalities, airport authorities, school boards, water management districts created by 373.069, F.S., and the Tri-County Commuter Rail Authority may give, either directly or indirectly, a gift worth over \$100 to persons who file Form 1 or Form 6 or to state procurement employees if a public purpose can be shown for the gift. Part A should be used to list such gifts. Under the law, these governmental entities are required to provide you with a statement concerning these gifts by March 1; attach this statement to Form 10.

PART B - GIFTS FROM DIRECT SUPPORT ORGANIZATIONS [Sec. 112.3148, Fla. Stat.]

Direct support organizations specifically authorized by law to support a governmental

entity may give a gift worth over \$100 to a person who files Form 1 or Form 6 or to a state procurement employee if the person or employee is an officer or employee of that governmental entity. Part B should be used to list such gifts. Under the law, these direct support organizations are required to provide you with a statement concerning these gifts by March 1; attach this statement to Form 10.

PART C - HONORARIUM EVENT RELATED EXPENSES [Required by Sec. 112.3149, Fla. Stat.]

Reporting individuals who file Form 1 and Form 6 and state procurement employees are prohibited from accepting an honorarium (a payment in exchange for a speech, oral presentation, writing, and the like) from a political committee or committee of continuous existence, from a lobbyist who lobbies them or their public agency (or has done so within the previous 12 months), and from the employer, principal, partner, or firm of such a lobbyist. However, these persons and entities may pay or provide a reporting individual or procurement employee and his or her spouse for actual and reasonable transportation, lodging, event or meeting registration fee, and food and beverage expenses related to an event at which a speech, presentation, or writing will be made by the public officer or employee. Part C should be used to describe these honorarium event related expenses. Under the law, the persons or entities paying for or providing such expenses are required to provide you with a statement concerning them within 60 days of the honorarium event; attach this statement to Form 10.

FOR MORE INFORMATION

Questions about this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

Please follow the filing instructions above and do not file this form with the Commission on Ethics.

Attachment Sheet
1999 Disclosure of Financial Interests (Form 6)
Bob Rackleff, Leon County Commission, District 5

FILED
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SECRETARY OF STATE

Part B - Assets (as of 12/31/99)

<u>Description</u>	<u>Value</u>
Home - 816 Cherry Street, Tallahassee FL	225,000
17 residential lots - Palma Sola subdivision, Tavernier FL,	67,400
IRA/SEP - Merrill Lynch, New York NY	118,200
IRA - USAA Investment Management Co. San Antonio TX	29,300
Savings - North Florida Education Credit Union, Tallahassee FL	2,700
Deferred Comp Plan - ICMA Retirement Corp., Washington DC	9,300
Cash Management Account - Merrill Lynch, New York NY	3,400
 Total Assets	 455,300

* * *

Part D - Secondary Sources of Income (for Speechwriting and Consulting)

<u>Name</u>	<u>Source of Income</u>	<u>Address</u>	<u>Principal Business</u>
Time Inc.		New York NY	Publishing
Charles Schwab & Co.		San Francisco CA	Securities
Hughes Electronics		Los Angeles CA	Satellite Telecomm
Florida Alliance	Maritime industry	Ft. Lauderdale FL	Research & Advocacy
Carnegie Corp. of NY		New York NY	Philanthropy